

1817

Dr. Kent

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 280

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location Southside Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 36 days; In Community 1 yr.; In Arizona 58 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa (c) City or Town Mesa
(If outside city limits also write RURAL)
(d) Street No. Mesa, Arizona (e) Citizen of foreign country (Yes or No) NO
3. (a) FULL NAME Phoebe Allen Brinkerhoff (b) If Veteran name war --- (c) Social Security No. NONE
4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Joseph Brinkerhoff 6. (c) Age of husband or wife, if alive 58 yrs.
7. Birthdate of deceased March 29, 1885
(Month) (Day) (Year)
8. AGE: Years 58 Months 11 Days 18 If less than one day hrs. min.
9. Birthplace Pine, Arizona
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business at home
Father { 12. Name Rial Allen
13. Birthplace Kentucky
(City, town or county) (State or Country)
Mother { 14. Maiden Name Susan Collins
15. Birthplace UNKNOWN
(City, town or county) (State or Country)
16. (a) Informant's own signature Joseph Brinkerhoff
(b) Address Mesa, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 2-28-44
(d) Date received Local Registrar March 14, 1944
18. (a) Embalmer's Signature [Signature]
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona
19. (a) [Signature] (b) [Signature]
(Registrar's Signature) (Registrar's Signature)
20. DATE OF DEATH (Month, day and year) Feb. 18, 1944
TIME (Hour and minute) 3 A. M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him alive on 2-18-44, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) State _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____
While at work? (e) Means of injury _____
23. Signature [Signature] Date signed 3-14-44 M. D.